

Instructions: See other side of this form.

PUBLIC EMPLOYMENT RELATIONS COMMISSION

Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919

(360) 753-3444

PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION [] Amended Petition in Case _____-E-_/_-

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

RECEIVED OLYMPIA, WA

OCT 2 9 2004

PUBLIC EMPLOYMENT RELATIONS COMMISSION

	mployees of the er		ned below.		BAR	GAINING UNIT	
1. EMPLOYER	SEATTLE	cmy	216117	a.	EMP	LOYER'S PRINCIPAL BUSINESS	
	0-018	110015				PUBLIC ELECTRIC UTILITY	
CONTACT PERSON ADDRESS CITY/STATE	BERLE SENTLE 1 RM 332	HARD) DUNICII Y	911 TOWER ZIP 98104			ARTMENT OR DIVISION INVOLVED	
TELEPHONE			FAX ()	C.	•••••	CRIPTION OF BARGAINING UNIT Indicate inclusions/	
ATTORNEY or REPRESENTATIVE ADDRESS					exclusions, contract page or case/decision number: ALL DRIVERS (CLIII		
CITY/STATE			ZIP			FUMIL PERETERITED	
TELEPHONE			. FAX ()			ENON-REMESENTED SUPERUISER EXCANDED	
2. PETITIONER	STEUE CA	IM CET	WORTH, DRIVE	Z, M	EAC	18'	
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE	36/3 5EATTLE	474 .	ES WORTH AUL 50. ZIP 98134 FAX (206) 386/3		フ		
ATTORNEY or REPRESENTATIVE				d.	NUN	BER OF EMPLOYEES IN BARGAINING UNIT	
ADDRESS				1.	DE:	SIGNATION OF REQUEST Indicate:	
CITY/STATE TELEPHONE			ZIP FAX ()			RECOGNITION REQUEST. The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.	
[] The employees in	BARGAINING RE avolved are not currently avolved are currently re	y represented t				CHANGE OF REPRESENTATIVE. The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.	
ORGANIZATION	*************************		EM PLOYELS AFSON			DECERTIFICATION. The employees in the bargaining unit no longer desire to be represented by any employee organization.	
CONTACT PERSON ADDRESS CITY/STATE	BILL DE P.O. BOX EVERETT	NN 15 750 , WA	ZIP 98206-0 73	0	[]	EMPLOYER PETITION - DEMAND FOR RECOGNITION. The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.	
ATTORNEY or REPRESENTATIVE ADDRESS			FAX (125) 303 890	. 6 0	[]	EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.	
CITY/STATE			. ZIP	8.	OT	HER RELEVANT FACTS Indicate, if applicable:	
TELEPHONE			FAX ()			Additional information is set forth on separate sheets attached	
4. COLLECTIVE	BARGAINING A	SREEMENT	「Indicate:	9.		to this petition form.	
[] There has never been an agreement covering the employees involved; or					AU'	THORIZED SIGNATURE FOR PETITIONER	
A copy of the	e current (or most recer	ıt) agreement i	s attached.	NA	ME (P	RINT) STEVE CHARLES WONTH	
must be accompa		nterest showin	organization or employees g that the petitioner has the		SNATL	RE SEE COMMENTE 10/21/14	